Collin County Grant Summary Form Submit completed form along with one electronic Department Name/Number: Public Works extension 3719 copy of the grant application and all supporting documentation to the Auditor's Office not less than Contact Person: 14 days prior to the scheduled Commissioner Court Tammi Koch meeting. If you have any questions contact Janna Title: Phone: Benson-Caponera at (972) 548-4638. Office Coordinator Xt 3719 **Grant Description Grant Title and Funding Year: Funding Source: Grant Type:** New Grant 2012-2013 - Solid Waste Implementation Public Announcements State Renewal Grant ☐ Federal Amendment Other: **Approval Requested: Grantor (include sub-granting agencies): Payment Method:** Application North Central Texas Council of Governments ☐ Award Other: **Application/Award Deadline:** Requested Comm. Crt. Date: **Grant Period:** 4 / 6 /2012 26 /13 3 / /12 / 12 **Brief Description:** Re-air Illegal Dumping Video Public Service Announcements (PSAs) and produce illegal dumping advertising to educate and solicit public's help in eradicating illegal dumping. **Grant Categories** / Federal State In-Kind Local County **Funding Source** Match Funds Funds Funds Total Personnel Operating 35,000.00 35,000.00 Capital Equipment Indirect Costs Total 35,000.00 35,000.00 **FTEs** FY 2010 FY 2011 **Performance Measures Progress to Date** Applicable Outcome Measures Q1 Q2 Q3 Q4 Projected The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any polices and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review: ☐ Grant Summary Form ☐ Memo of request to Commissioner Court for application/award acceptance and approval x An electronic copy of the original, completed Application/Award ☐ Court Order (for award only) ☐ All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application

Department Head/Designee Signature & Date

Completed by:

Department Head/Designee Printed Name